

US EPA RECORDS CENTER REGION 5



462426

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$

1.98

Certified Fee

2.30

Return Receipt Fee
(Endorsement Required)

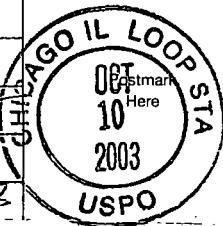
1.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

6.03



Sent To

Street, Apt.
or PO Box

City, State,

Hexcel Corporation
Attn: A. William Nosil
11711 Dublin Boulevard
Dublin, CA 94568

D. Sheppard
SR-6J(CRS)

7001 0320 0006 0294 2349

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may **ONLY** be combined with First-Class Mail or Priority Mail.
- Certified Mail is *not* available for any class of international mail.
- **NO INSURANCE COVERAGE IS PROVIDED** with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "*Restricted Delivery*".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hexcel Corporation
Attn: A. William Nosil
11711 Dublin Boulevard
Dublin, CA 94568

2. Article Number:

(Transfer from service label)

7001 0320 0006 0294 2349

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Mary PRAHL

B. Date of Delivery

10-14

C. Signature

X Mary PRAHL

☐ Agent☒ Addressee

D. Is delivery address different from item 1.2

☒ Yes

If YES, enter delivery address below:

☐ No

OCT 21 2003

SUPERFUND

TION

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5
Deena Sheppard-Johnson, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)



U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage

\$ 1.98

Certified Fee

2.30

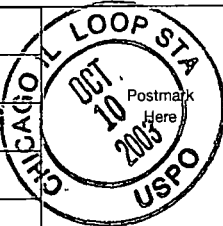
Return Receipt Fee
(Endorsement Required)

3.75

Restricted Delivery Fee
(Endorsement Required)

Total Postage

6.03



Sent To

Street, Apt.
or PO Box

City, State,

David B. Graham

Kaufman & Canoles

1200 Old Colony Lane

P.O. Box 6000

Williamsburg, VA 23188 (re: Hexcel)

D. Sheppard
SR-6J(CRS)

PS Form 3840

ctions

7001 0320 0000 0294 2332

Certified Mail Provides:

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IMPORTANT: Save this receipt and present it when making an inquiry.

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David B. Graham
Kaufman & Canoles
1200 Old Colony Lane
P.O. Box 6000
Williamsburg, VA 23188 (re: Hexcel)

2. Article Number

(Transfer from service label)

7001 0320 0006 0294 2332

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **Heather** B. Date of Delivery **10/15**

C. Signature **[Signature]**

X

Agent

Addressee

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below:

☐ No

OCT 21 2003

SUPERFUND E

3. Service type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5
Deena Sheppard-Johnson, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)

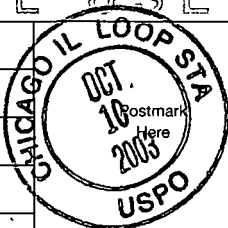


U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 1.98
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.03



Sent To
Street, Apt
or PO Box
City, State

Goldberg, Stinnett, Meyers & Davis
Attn: Katherine Ray
44 Montgomery St., Ste 2900
San Francisco, CA 94104
(re: Hexcel)

D Sheppard
SR-6J(CRS)

9532 4620 9000 0230 1002

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SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Goldberg, Stinnett, Meyers & Davis
Attn: Katherine Ray
44 Montgomery St., Ste 2900
San Francisco, CA 94104
(re: Hexcel)

2. Article Number

(Transfer from service label)

7001 0320 0006 10294 2356

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Tanya Hill

B. Date of Delivery

10-15

C. Signature

Tanya Hill

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No**RECEIVED**
OCT 29 2003

3. Service Type

EXPRESS FUND DIVISION
☒ Certified Mail ☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

U.S. EPA Region 5
Deena Sheppard-Johnson, SR-6J
Remedial Enforcement Support Sect.
77 West Jackson Blvd.
Chicago IL 60604 (re: CRS)

